

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

SAN BUENA VENTURA CITY CLERK

CALIFORNIA FORM 460

Page 1 of 4

Date Stamp
MAR -3 P12:56

Date of election if applicable:
(Month, Day, Year)

Statement covers period
from July 1, 2008 through Dec. 31, 2008

SEE INSTRUCTIONS ON REVERSE

- 1. Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 4.
- Officeholder, Candidate Controlled Committee
 - State Candidate Election Committee
 - Recall
 - General Purpose Committee
 - Sponsored
 - Small Contributor Committee
 - Political Party/Central Committee
 - Primarily Formed Ballot Measure Committee
 - Controlled
 - Sponsored
 - Primarily Formed Candidate/Officeholder Committee

- 2. Type of Statement:**
- Preelection Statement
 - Semi-annual Statement
 - Termination Statement
 - Amendment (Explain below)
 - Quarterly Statement
 - Special Odd-Year Report
 - Supplemental Preelection Statement - Attach Form 495

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Christy Weir for City Council

I.D. NUMBER
1258082

Treasurer(s)

NAME OF TREASURER
Tim Weir

MAILING ADDRESS
1953 E. Linda Vista Ave.
Ventura CA 93001

STREET ADDRESS (NO P.O. BOX)
1953 E. Linda Vista Ave.
CITY STATE ZIP CODE AREA CODE/PHONE
Ventura CA 93001 805-648-3008

MAILING ADDRESS
NAME OF ASSISTANT TREASURER, IF ANY
CITY STATE ZIP CODE AREA CODE/PHONE
Ventura CA 93001 805-648-3008

OPTIONAL: FAX / E-MAIL ADDRESS
christy@christyweir.com

OPTIONAL: FAX / E-MAIL ADDRESS
titoweir@gmail.com

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on March 1, 2009
Date

Executed on March 1, 2009
Date

Executed on _____
Date

Executed on _____
Date

By Tim Weir
Signature of Treasurer or Assistant Treasurer

By Christy Weir
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

CALIFORNIA
FORM **460**

Page 2 of 4

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Christy Weir

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Ventura City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
1953 E. Linda Vista Ave. Ventura CA 93001

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
----------------------	--------------	---

Identify the controlling officeholder, candidate, or state measure proponent, if any.
NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from July 1, 2008 through Dec. 31, 2008	CALIFORNIA FORM 460
Page 3 of 4	I.D. NUMBER 1258082

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Christy Weir for City Council

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Contributions Received		
1. Monetary Contributions	\$ 0	\$ 22,183
2. Loans Received	0	0
3. SUBTOTAL CASH CONTRIBUTIONS	\$ 0	\$ 22,183
4. Nonmonetary Contributions	0	691
5. TOTAL CONTRIBUTIONS RECEIVED	\$ 0	\$ 22,874

Expenditures Made		
6. Payments Made	\$ 500.00	\$ 19,132
7. Loans Made	0	0
8. SUBTOTAL CASH PAYMENTS	\$ 500.00	\$ 19,132
9. Accrued Expenses (Unpaid Bills)	0	0
10. Nonmonetary Adjustment	0	691
11. TOTAL EXPENDITURES MADE	\$ 500.00	\$ 19,823

Current Cash Statement	
12. Beginning Cash Balance	\$ 2384
13. Cash Receipts	0
14. Miscellaneous Increases to Cash	0
15. Cash Payments	500
16. ENDING CASH BALANCE	\$ 1884

17. LOAN GUARANTEES RECEIVED	\$
Cash Equivalents and Outstanding Debts	
18. Cash Equivalents	\$ 0
19. Outstanding Debts	\$ 0

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

1/1 through 6/30 7/1 to Date

20. Contributions Received \$ _____

21. Expenditures Made \$ _____

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy) _____ Total to Date \$ _____

_____ \$ _____

*Amounts in this section may be different from amounts reported in Column B.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

**Schedule E
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period

from July 1, 2008

through Dec. 31, 2008

CALIFORNIA
FORM

460

Page 4 of 4

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Christy Weir for City Council

I.D. NUMBER

1258082

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

OMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRF staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Grant Park Conservancy PO Box 48 Ventura, CA 93002	CVC			500
SUBTOTAL \$				500.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 500.00
- Unitemized payments made this period of under \$100 \$
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 500.00**